Chapter 1

Provider Qualifications

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Introduction

This chapter identifies the basic qualifications required for providing mental health services to child crime victims under the Victims of Crime Program of the State of California, and the specific areas of competence that are needed to maximize the potential for effective mental health intervention with child crime victims. A credentialing process is also described which will be recommended to the California Victim Compensation and Government Claims Board (CVCGCB) as a means of certifying the competence of the mental health service providers to offer services to child crime victims. Finally, this chapter reviews a variety of options available to mental health service providers to secure the training and support needed to develop and maintain the knowledge and skills required for effective mental health intervention with children traumatized by crime.

Statutory and Regulatory Provisions

The licensed mental health providers who treat child trauma victims within the Victims of Crime program include:

- Marriage and Family Therapists (MFT)
- Licensed Clinical Social Worker (LCSW)
- Licensed Clinical Psychologists
- Licensed Psychiatrists

The California Victim Compensation and Government Claims Board, Victims of Crime Program requires that providers of mental health services be licensed by their respective regulatory bodies in the State of California, as follows:

- State Board of Behavioral Sciences for Marriage and Family Therapists (MFT) and Licensed Clinical Social Workers (LCSW)
- Board of Psychology (BOP) for Psychologists
- State Medical Board for Psychiatrists

Marriage and Family Therapists

Applicants for licensure as a Marriage and Family Therapist (MFT) in California must have a Master's degree in one of the following fields:

- Marriage, Family and Child Counseling
- Marital and Family Therapy
- Psychology, Clinical Psychology, or Counseling Psychology
- Counseling (with an emphasis in marriage, family and child counseling)
- Social Work (with an emphasis in clinical social work)

The degree must be obtained from a school, college or university accredited by the Western Association of Schools and Colleges (WASC) or approved by the Bureau for Private Postsecondary and Vocational

Education. The California Business and Professions Code (Section 4980.41) also requires applicants for MFT licensure to have completed coursework in the following subjects:

- California law and professional ethics
- Child abuse assessment and reporting (minimum of seven contact hours of training or coursework)
- Human sexuality
- Alcoholism and other chemical substance dependency
- Spousal or partner abuse assessment, detection and intervention.

MFT licensing also requires that applicants complete 3,000 supervised hours of post-Master's degree experience and pass a written and oral examination. License renewal requires completion of not less than 36 hours of approved continuing education relevant to the field of marriage and family therapy in the preceding two years, as determined by the Board of Behavioral Sciences.

Licensed Clinical Social Workers

The California Business and Professions Code (Section 4996.2) states that eligibility for licensure as a Licensed Clinical Social Worker (LCSW) requires a Master's degree from an accredited school of social work, as well as:

- Completion of two years of supervised post-Master's degree experience.
- Instruction and training in the subject of alcoholism and other chemical substance dependency.
- Child abuse assessment and reporting (minimum of seven contact hours of training or coursework).
- Completion of instruction and training in spousal or partner abuse assessment, detection and intervention.

LCSW licensing also requires that applicants pass a written and oral examination. License renewal requires completion of not less than 36 hours of approved continuing education relevant to the field of social work in the preceding two years, as determined by the Board of Behavioral Sciences. Continuing education for LCSWs shall include courses directly related to the diagnosis, assessment and treatment of the client population being served.

Licensed Clinical Psychologists

The California Business and Professions Code (Section 2914) requires that a clinical psychologist in the State of California possess a Doctorate degree in psychology from an accredited or approved university, college or professional school. Licensing also requires:

- Two years of postdoctoral supervised professional experience under the direction of a Licensed Psychologist.
- Training in human sexuality.
- Training in child abuse assessment and reporting (minimum of eight contact hours of training or coursework).
- Training in the detection and treatment of alcohol and other chemical substance dependency.
- Completion of coursework in spousal or partner abuse assessment, detection and intervention.
- Passing the examination (written and oral) required by Section 2941 of the Business and Professions.

License renewal requires that a psychologist have completed 36 hours of approved Continuing Education credits (CEUs) in the preceding two years. The psychologist may choose continuing education that is related to the assessment, diagnosis and intervention for the client population being served, or in a field of psychology in which the psychologist intends to provide services.

Psychiatrists

Psychiatrists are licensed as physicians and surgeons according to criteria in the Business and Professions Code of the State of California. They are certified by the American Board of Psychiatry and Neurology, a national body that certifies those specialties within medicine. Certification can be in General Psychiatry or the more advanced certification of Child and Adolescent Psychiatry.

Child Abuse Training Requirements

In 1985, the State of California passed legislation (AB 141) requiring seven (7) hours of training in child maltreatment for licensing for MFTs, LCSWs, and psychologists. The Board of Psychology has expanded the legislative mandate for psychologists by requiring eight (8) hours of training on child abuse issues for licensing. The State of California makes no additional requirements that mental health professionals working with child trauma victims have special training in the treatment of children or in trauma intervention.

Specific Areas of Competency

Basic Clinical Skill Requirements

Mental health therapists working with child trauma victims must have a command of the basic clinical skills associated with providing mental health services to any client or patient. The therapist must have developed the skills to assess the impact of trauma, develop a diagnosis, and formulate and carry out a treatment plan consistent with the diagnosis. Therapists should be experienced at providing therapy to children and adults. Therapists treating child trauma victims must also have the following:

- The capacity to interact well with children.
- Command of multiple treatment modalities to intervene with children, adults and families.
- Experience working under the supervision of a licensed mental health professional with specialized training in the treatment of child trauma victims.
- Access to supervision or peer review.

As in any professional practice, therapists working with traumatized children must be familiar with the applicable business and ethics codes, understand the concepts of professional boundaries and dual relationships, and limit their practice to the scope of their ability and expertise. For more information, see the “Ethical Issues” and “Legal Issues” chapters.

Special Required Knowledge and Skills

The therapist should approach the provision of effective mental health services to child trauma victims as a specialty rather than as general practice. Beyond basic clinical skills, mental health therapists also must possess additional information and skills in the following areas to effectively assess and treat child trauma victims.

Trauma

Therapists working with child trauma victims must possess a basic understanding of the effects of trauma, including symptom recognition and effective treatment interventions. Therapists should understand the dynamics of victimization and the effects of trauma on children, individual family members, and the family system. Differential dynamics of intrafamilial abuse versus extrafamilial abuse of children must be understood, as well as the types and characteristics of perpetrators. Interventions that include both

the victim and the perpetrator must be carefully thought out and based on an understanding of the benefits of such an intervention as well as the potential negative consequences for the victim.

Child Development

Therapists must possess a basic understanding of child development. They must understand how the impact of a trauma can be greatly influenced by the developmental stage of the child. They must also understand how the treatment plan is determined significantly by the child's developmental level of functioning. Therapists working with children should have an understanding of age-appropriate motor, cognitive, emotional, social and language development for infants, children, and adolescents. This information is especially critical when working with younger children whose verbal skills are not well developed, and where the child's cognitive development can impede the therapist's ability to effectively understand and communicate with the child. It is also critical to identify children with developmental delays (physical and mental) where additional challenges to the therapeutic process are presented.

The World of the Child

The therapist working with the child trauma victim must understand the complex world of the child where a multitude of forces outside of the child can mediate the effect of the trauma, the capacity to engage in treatment, and the potential for healing. The importance of the family system must be understood and the influence of the family must be assessed on each case. The therapist must have the skill and training to provide therapy and support for the caregivers of the child or work within a team that ensures that the caregiver also receives supportive services. The influence of alternative living arrangements for children, including placement with relatives, foster care and residential care must be understood. The therapist must understand the need to address the disruptions in therapy that result from movement of child trauma victims from one placement setting to another.

The therapist must be culturally competent and possess the skills to assess the influence of ethnicity and culture on the child and family's interpretation of the trauma and the perceived consequences of the trauma as well as the child and families perception of treatment and expectations of the treatment process.

Not only does the family heavily influence the world of the child, but the world of the traumatized child is also populated with representatives of multiple public systems and agencies mandated to protect and treat child victims and prosecute the abusers. Mental health therapists for traumatized children must know the child abuse reporting requirements in the State of California, and must become familiar with the roles of child protective services, law enforcement, prosecutors, and the dependency, criminal and family court systems. They should know about the Multidisciplinary Interview Centers (MDICs) in their area that provide forensic interviewing and forensic medical exams for child crime victims. They should know how to access information from MDICs for patients in treatment that were seen at an MDIC. Therapists should be prepared to interact with one of more of these systems during the course of mental health treatment for a traumatized child.

Collateral Contacts

Therapists must understand the need for collateral contacts to secure information vital to effective assessment, planning and treatment. For example, victims may suffer physical problems (requiring medical care) that result from the same trauma for which they are receiving mental health services. Therapists need to be attuned to this additional dimension in the effects of the trauma, and consider the implications of this situation in the mental health treatment planning. This may require obtaining specific information about the medical condition from the caregiver of the child or seeking additional information from the medical staff working with the child.

It is also important to learn how to interface with school personnel to determine levels of functioning. The therapist must determine when and how to participate in school sponsored individualized educational program (IEPs) meetings. It is also essential to understand the function of Regional Centers — and the need

to exchange information with them — when working with a child with developmental delays. The therapist should understand how to access copies of court orders, police reports and information from the child protective services records related to psychological testing, court-ordered mental health evaluations, medication programs, family history, and other data pertinent to the understanding of the mental health needs of the child.

Crisis Intervention

The traumatic event or the disclosure of the traumatic event often results in a crisis for the child and the family. The therapist working with child trauma victims must have experience providing crisis intervention services and be available to the family to deal with emergencies.

Attachment

When children are traumatized over time, attachment problems can emerge as issues in the assessment and treatment. When the trauma results in the loss of a person in the child's life (for example, violent death or separation from family members through placement outside the home), grief and mourning issues emerge. The mental health provider must have the skills and experience necessary to identify and treat issues related to attachment, grief and loss.

Case Management Services

The therapist must develop an understanding of the issues and needs of the child's caretakers that support or impede the child's involvement and progress in therapy. The therapist must be familiar with community resources and have the capacity to provide case management services responding to the family's financial, health, transportation and social needs. Failure to attend to the family needs may jeopardize the child's involvement in the mental health treatment.

Health Services

The therapist must understand the special needs of traumatized children requiring the services of health practitioners such as physical and occupational therapists. The therapist may need to make referrals for this service and may need to advocate for the children to ensure that essential physical treatment is sensitive to and respectful of the emotional pain of the traumatized child and does not exacerbate the symptoms related to the trauma.

Supervision and Peer Review

Cases involving child trauma are usually emotionally charged; this can cause problems for therapists who are susceptible to splitting, parallel process, rescuing, collusion, and other dysfunctional behaviors. Therapists working with child trauma cases must understand the dangers of unhealthy interactions with family members. Regular supervision and peer review are recommended to protect therapists from counter-transference problems and inappropriate interventions. For more information, see the "Ethical Issues" chapter.

Documentation

Mental health providers must be proficient at documenting the intake process, assessment process, diagnosis and treatment planning, ongoing contacts during the treatment process, and regular evaluation of treatment progress. This documentation should provide a written record describing the trauma, its effect on the child and how mental health interventions were successful or unsuccessful in resolving the child's mental health issues. Basic requirements for documentation may be dictated by agencies within which the therapist is working, or by the professional organizations governing the activities of specific mental health groups: psychologists, social workers, and marriage and family counselors. For more information, see the "Clinical Documentation" chapter.

Communicating with the Court

The therapist is frequently called upon to provide written reports to the court regarding assessment, diagnosis, case planning and progress in treatment, and may occasionally be called to testify in court. Understanding how to communicate with the court both in writing and while giving testimony requires special training. Additionally, the therapist must have a clear understanding of privilege and confidentiality and have access to legal advice to sort out the complex issues surrounding access to confidential client records when the client is a child. For more information, see the chapters on "Court-Dependent Children" and "Legal Issues."

Children with Developmental Disabilities

Before attempting treatment of children with disabilities, therapists should secure academic training in this area. This can be done through classes or courses that are school-based or those offered at seminars or conferences. Therapists should be familiar with the service systems for such children, such as Regional Centers and Special Education Programs. Wherever possible, work with this population should occur under the supervision of a mental health professional experienced in this specialized field. In the absence of the direct supervision, consultation with a specialist in this field is highly recommended as one begins working in this area. For more information, see the chapter on "Children with Disabilities."

Infants and Toddlers

Professionals who work with infants must have training in infant development, temperament, and attachment. They must know infant "language." They must be trained not only to identify symptoms of infant trauma, but also be able to evaluate and treat the infant according to the symptoms presented and assessed. Therapists working with toddlers must have specific training in child development, assessment, and intervention with this age group. The therapist must understand the need to work with the infant's and toddler's caregiver, assess the home environment, be willing to utilize in-home interventions, and work with a team of service providers. A future task force volume on interventions with infants and toddlers will address these issues.

Special Issues for the Therapist

Therapists must be resilient, flexible, and spontaneous and understand the needs of children at a very basic and practical level. Unlike adults, who tend to process the trauma before working on it in therapy, the child's reenactment may be raw and powerfully painful. The therapist can suffer secondary PTSD when exposed to the power of a child's reenactment of the trauma. Additionally, the intensity of some sessions may result in the child's loss of bowel or bladder control. The therapist needs to be prepared to cope with these contingencies.

Children who have been sexually traumatized may act out sexually during treatment and present behavior management issues in the therapy sessions. Issues of touch in work with sexually traumatized children must be very carefully assessed. Implications for hugging, putting an arm around a child or touching a child in any way must be understood. The child's spontaneous behaviors that involve inappropriately touching the therapist must be addressed and managed.

After very powerful and draining sessions with the traumatized child, therapists need access to a support system for debriefing. Therapists working in agency settings can seek out supervisors or other staff therapists. Those working in private practice should anticipate this need and establish a professional support network to ensure availability when the need arises.

Assessment

Therapists should know the standardized tests that are appropriate for use with trauma victims. They should know when they should be used, what they measure, and how and by whom the tests should be administered. For more information, see the chapters on "Assessment" and "Evaluating Treatment Outcome."

Therapist Support Services

To master the knowledge and skills required to provide mental health services to child crime victims, therapists must have access to a wide range of training. Training is currently available to therapists through:

- State-funded training centers (contact Catta@sonoma.edu)
- University academic programs focusing on family violence, child maltreatment and trauma victims.
- Seminars and conferences offered by the California Professional Society on the Abuse of Children (CAPSAC) and the American Professional Society on the Abuse of Children (APSAC)
- Seminars and conferences offered by local Child Abuse and Family Violence Prevention Councils
- Seminars and conferences offered by the professional organizations governing the different types of mental health professionals.
- Training programs offered by the CVCGCB Victims of Crime Program. Conferences, seminars and training programs are highlighted in the regularly published *Victims of Crime Newsletter*.

Wherever possible, therapists should engage in consultation and peer review (see the "Quality Assurance" chapter) to promote skill building and improve their techniques. In situations where therapists work in agencies, participation in group supervision is recommended to meet the emotional support needs of therapists. For therapists not in agency settings, the development of a peer group to provide professional and emotional support in emergencies and after especially demanding sessions is highly recommended.

Mental Health Providers — Special Categories

In addition to the licensed mental health professionals discussed above, several groups of unlicensed professionals and paraprofessionals have been authorized to provide mental health services through the Victims of Crime Program.

Mental Health Trainees and Interns

Mental health trainees and interns are enrolled in academic programs and working toward graduate degrees that will allow them to practice as mental health professionals. There are a number of types of trainees and interns, representing various disciplines and levels of training. As a minimum standard, no trainee or intern from any discipline (Marriage and Family, Social Work or Psychology) is authorized to provide services under the Victims of Crime Program without a completed Master's degree. In addition, other requirements and conditions also apply.

In order for trainees or unlicensed persons to be reimbursed by the VOC Program, they must meet two other conditions: they must be under the supervision of a licensed person and they must be registered with their licensing board. The registration requirement creates a barrier for the majority of pre-doctoral psychology interns, who work under training requirements defined by formal field training agreements between their academic programs and field placement clinics or agencies. The Board of Psychology has taken the position that these field training agreements and oversight by the academic programs constitute sufficient regulation and has declined to register such interns. As a result, they are not eligible for reimbursement by the VOC Program. However, as a result of recent legislation, predoctoral interns who work in university medical clinics and hospitals are authorized to provide mental health services under the VOC Program. The VOC Program assigns a registration number to these interns after their placement certifies that they meet the legislative requirements. The Standards of Care Task Force recommends that this provision be extended so that supervised predoctoral psychology interns with completed Master's degrees may provide services reimbursed by the Victims of Crime Program at mental health clinics approved by the VOC Program.

Registered Interns (Marriage and Family Therapy and Associate Social Workers) and Registered Psychological Assistants have completed Master's degrees and are registered with the Board of Behavioral

Sciences or the Board of Psychology. These individuals work under supervision in agency or private practice settings to gain supervised hours toward licensure. They are authorized to provide mental health services under the Victims of Crime Program. In addition to Psychological Assistants at the Post-Master's degree level, there are also Psychological Assistants at the post-doctoral level who are registered with the Board of Psychology to provide mental health services under licensed supervision in private practice settings. They are authorized to receive reimbursement for mental health services under the Victims of Crime Program.

Registered Psychologists provide mental health services under licensed supervision at governmental organizations or nonprofit agencies which receive a minimum of 25 percent of their financial support from any federal state, county, or municipal governmental organization for the purpose of training and providing services. Such individuals are registered by the agency with the Board of Psychology at the time of employment, and can work under licensed supervision for a maximum of two years prior to fulfilling psychology licensure requirements.

All interns who provide services to traumatized children within the Victims of Crime Program must meet the statutory regulations of their respective licensing boards. In addition, the Task Force recommends that all interns (whether registered or not) must be provided with the following:

- Weekly individual and group supervision by a licensed therapist with expertise in treating child trauma victims.
- Basic supervised experience providing individual, group, and family therapy.
- Supervised experience conducting intakes, assessments, and developing diagnoses and treatment plans.
- Experience working with teams of mental health service providers under supervision.
- Experience preparing reports for the court under supervision.

An intern should receive training in the areas identified above as Specific Areas of Competency. Training can be provided by agency, community, or individual training programs using videotapes and audiotapes; attending professional conferences; or participating in satellite videoconferences.

When interns provide services to child trauma victims, their supervisors must be licensed as a MFT, LCSW, psychologist, or psychiatrist. MFTs and LCSWs who supervise interns must have two years post-licensure experience. Psychologists who supervise interns must have three years post-licensure experience. All supervisors should also have documented training in the areas identified above as Specific Areas of Competency, as well as experience working with trauma victims for a minimum of two years.

Assignment of child trauma cases to interns should be carefully managed by supervisors, according to the clinical strengths and limitations of the intern and the needs of the clients for consistency of care. Caseloads should be limited to allow for necessary intern training and supervision. The supervisor must review all cases weekly and sign off on all treatment plans and progress notes. In addition to regularly assigned supervision times, interns must have access to the supervisor or a preceptor to deal with crises and problems as they arise.

Interns may be compensated in a variety of ways. Some agencies employ interns as therapists and pay an hourly wage plus benefits. Some interns have a contract with an agency, program or supervisor that specifies a flat rate per client. Stipends are usually associated with payment for trainees in a mental health setting through training agreements with an educational institution. Before engaging in any relationship involving payment for interns, the supervising agency and the intern should refer to the California tax and labor laws related to compensation for work performed.

Certified Child Life Specialists (CLS)

A Certified Child Life Specialist (CLS) with a minimum of five years of experience may receive Victims of Crime Funds for providing grief and mourning support interventions in child victim of crime cases. A CLS

has a background in child development and experience using play to work with children in a hospital setting where children and families are facing issues of death or permanent bodily damage. Services provided by the CLS in child trauma cases might include: assistance with attendance at funerals, grave visitation, and visits to help the child deal with death and loss issues. The CLS works directly under the supervision of a licensed therapist or within a program staffed with a licensed therapist. The licensed therapist is responsible for assisting in the development of the individualized case plan, meeting weekly with the CLS, and reviewing and signing off on the services provided by the CLS. Child Life Specialist is a recent addition to the categories of service providers authorized under the Victims of Crime Program. Specific criteria for payment of VOC benefits are still under development.

Rape Crisis Counselors

Rape Crisis Counselors are paraprofessionals who have specialized training in rape crisis counseling that meets course criteria developed by the Office of Criminal Justice Planning (OCJP). A Rape Crisis Counselor also has been certified as a peer counselor by a rape crisis center. The Rape Crisis Counselor must work in a rape crisis center in consultation with a mental health practitioner who is licensed by the State of California. Services provided by the Counselor may include staffing a rape hotline, supporting a victim during the medical exam at the hospital, and accompaniment to court. Some Rape Crisis Counselors provide crisis services to children who have been sexually victimized. Reimbursement for rape crisis services throughout the State of California generally comes from funding sources outside the Victims of Crime Program.

Emerging Trends — Home Based Services

Over the past few years, mental health services have begun to be offered to children and families in their homes. Through county mental health departments, many counties in California have developed a Systems of Care Model to provide mental health services to children in non-traditional settings. Within the context of a team, children with mental health problems receive therapy in their own home or foster home in an attempt to keep them in the least restrictive placement. Other innovative approaches to in-home mental health counseling have been developed in Family Preservation Programs throughout the state. Counseling services in Family Preservation are provided in the home, often within the context of a team, by licensed therapists or interns working under the supervision of licensed therapists. Reimbursement for in-home mental health and Family Preservation Programs throughout the state of California comes from funding sources outside the Victims of Crime Program.

Proposed Certification for Child Trauma Specialists

Given the extensive knowledge and skill base required for effective mental health intervention with child trauma victims, the Standards of Care Task Force recommends that in addition to current licensing standards for mental health providers, the CVCGCB initiate a five-phase plan over a three to five-year period to credential mental health service providers working with the Victims of Crime Program as Child Trauma Specialists.

Phase I — Registration and Data-Gathering

Phase I involves the implementation of a registration process for all mental health service providers working with the Victims of Crime Program. Mental health providers will be asked to provide a copy of their license to the Board and complete a CVCGCB-generated information form which identifies types and extent of training and experience in working with trauma victims, including child trauma victims.

The goals of this first phase include data-gathering and determination of the extent of experience and training already available to crime victims from the service providers working with the Victims of Crime Program. The process is not intended to limit or exclude current providers from working within the Victims of Crime Program as long as basic licensing requirements are met (the standard already in place).

Phase II — Research

Phase II comprises a research project conducted by the CVCGCB to determine whether correlations between service provider experience and skill level and outcome of mental health intervention can be identified. Target cases will be those referred for Peer Review due to negative or questionable outcomes, cases randomly selected from the general population of child trauma victims, and cases selected by Quality Assurance Mental Health Unit where outcomes were positive. Guidelines generated by the Standards of Care Task Force will be utilized to review service provision of cases in the Victims of Crime Program.

Phase III — Resource Development

At the same time as the individual case data is being gathered, the CVCGCB will review statutory mandates governing the operation of the Victims of Crime Program and develop appropriate plans to address legislative changes that will be required to introduce a credentialing process.

Additionally, the CVCGCB will assess the availability of training opportunities across the state. The credentialing process is not intended to eliminate or limit access of service providers to the Victims of Crime Program, but instead to improve the skill level of those professionals providing services to victims of trauma and to enhance the level of mental health intervention services across the State.

It is recommended that the CVCGCB coordinate with other state agencies such as the Department of Social Services, the Office of Criminal Justice Planning, and the psychiatric, psychological, social work and marriage and family therapist professional organizations, the American Professional Society on the Abuse of Children (APSAC) and its state chapter, the California Professional Society on the Abuse of Children (CAPSAC), to develop training curriculums that address the special areas of competency needed to work with child trauma victims. Emphasis will be placed on accessibility and affordability of training. Development of training videos, training through satellite conferencing, posting information on Internet sites specifically targeting the mental health practitioner, and other innovative ways of disseminating information to make it easily accessible are recommended.

Every attempt needs to be made to ensure that training is available to populations of service providers who have traditionally had difficulty accessing training. These include professionals frequently excluded because of the limitations of geography. They are simply too far away from major metropolitan areas to access training on a regular basis. Training programs also need to be inclusive and take into consideration the needs of professionals struggling with special populations: children of poverty, homeless children, children in foster care, children from diverse ethnic and cultural backgrounds, non-English speaking children and families. Outreach programs need to be developed to engage professionals from ethnic minority groups. Accommodations to meet the training needs of professionals with disabilities must also be actively encouraged.

We recommend that the CVCGCB utilize its resources to gather and disseminate information on specialized training, as it becomes available to mental health providers through its newsletter and a web page specifically for this purpose. The goal of this phase of development of the credentialing plan is for the CVCGCB to ensure that easily accessible resources are developed to support mental health professionals in complying with the requirements of credentialing.

Phase IV — Establish a Certification Process

Using data from the case review of Phase II, along with input from mental health service providers who currently provide therapy to trauma victims, the CVCGCB identifies basic and specialized criteria for qualifying mental health providers to treat trauma and child trauma victims within the Victims of Crime Program. The infrastructure for managing a credentialing program is developed by the CVCGCB and information about the process is widely publicized.

Phase V — Implementing the Certification Process

The CVCGCB sets an implementation target date and the credentialing process begins.